San Marcos Regional Animal Shelter
City of San Marcos – Marshals Office
Animal Service Division

Spay/Neuter Voucher Application

OWNER INFORMATION: (Please print neatly)

Name: _____   Phone: _____

Address: _____   DL #: _____

City: _____ State_____ Zip: _____   DOB: _____

*Email: _____

Animal Information:

V#: _____

Pet Name: _____   Cat/Dog: _____   Feral: Y/N

Breed: _____   Male/Female: _____

Color/Markings: _____   Age: _____

Weight: _____lb.   In Heat: Y/N   Pregnant: Y/N

Do you have a primary Vet: Y/N   If yes, please list Vet Clinic: _____

Animal Information:

V#: _____

Pet Name: _____   Cat/Dog: _____   Feral: Y/N

Breed: _____   Male/Female: _____

Color/Markings: _____   Age: _____

Weight: _____lb.   In Heat: Y/N   Pregnant: Y/N

Do you have a primary Vet: Y/N   If yes, please list Vet Clinic: _____

Animal Information:

V#: _____

Pet Name: _____   Cat/Dog: _____   Feral: Y/N

Breed: _____   Male/Female: _____

Color/Markings: _____   Age: _____

Weight: _____lb.   In Heat: Y/N   Pregnant: Y/N

Do you have a primary Vet: Y/N   If yes, please list Vet Clinic: _____

Thank you for your application. San Marcos Animal Services will contact you with additional information regarding your voucher request. Please submit this form to the shelter at 750 River Rd. or email to animal_services_info@sanmarcostx.gov.